UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6) AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

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ОМВ АР	PROVAL
OMB NUMBER: Expires: Estimated average hours per respons	April 30, 2008 burden
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Name of Offering (☐ check) Offer and sale of Series B Conve	if this is an amendment an	d name has char	nged, and indicate	change.)	132 13	17
Filing Under (Check box(es) tha		□ Rule 505	⊠ Rule 506	☐ Section 4(6)	D ULOBPRO	FSS
Type of Filing: ☑ New Filin		_			- 11100	
	, A. BA	SIC IDENTIFI	CATION DATA		. NOV	1.7 200
1. Enter the information request	ed about the issuer				15 1101	ZUU
Name of Issuer (Check if the	nis is an amendment and n	ame has changed	d, and indicate cha	nge.)	THO	MSON
Bungee Labs, Inc.					FINA	NCIAL
Address of Executive Offices		mber and Street,	City, State, Zip C		e Number (Including Ar	ea Code)
625 East Technology Ave., Suite		mbar and Streat	City, State, Zip C	(801) 225	-1003 e Number (Including Ar	ea Code)
Address of Principal Business O (if different from Executive Offi	•	mber and Succi,	City, State, Zip C	oue) Telephon	e Number (menuanig Ar	ea Coucy
(ii different from Exceditive Offi	cci)					_
Brief Description of Business				•	/	\overline{V}
1						
To develop, write, code, market,	sell and distribute compu	ter program, for	use with computer	rs, the Internet and	other computer program	ns
					STOP MEDI	EIVED V
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Type of Business Organization	□ limited pre	tnership, already	formed	□ other (please	STANDON IT	₹ 2006
		mership, aneady tnership, to be fo		iii other (prease	specify),	
O pasiness nast	minico par	mership, to be it		Vaar	13.07	
			Month 1 0	Year	<u>ነራ</u> ኢ 15	51 Æ
Actual or Estimated Date of Inco	rnoration or Organization	,,	ا ا		ctual	7 7
Jurisdiction of Incorporation or			Service abbreviat			
Julipuletion of medipolation of			er foreign jurisdict		DE >	
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GENERAL INSTRUCTIONS	the grown of the	4	£			
Federal:	15	•	• •			Ì
	· cc c :	!!!		as Bassilation D as	Section 4(6) 17 CER 3	20.501
Who Must File: All issuers mak et seq. or 15 U.S.C. 77d(6).	ing an ottering of securition	es interiance on	an exemption und	er Regulation D of	Section 4(0), 17 CFR 2	30.301
•						
When to File: A notice must be						
Securities and Exchange Commi			•	_		ed at that
address after the date on which i		·			that address.	
Where to File: U.S. Securities a	nd Exchange Commission	i, 450 Fifth Stree	et, N.W., Washing	ton, D.C. 20549		
Copies Required: Five (5) copies	es of this notice must be fi	led with the SEC	one of which mu	ist be manually sig	ned. Any copies at mai	nually
signed must be photocopies of the			•	,	,,	ĺ
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Information Required: A new fi						
any changes thereto, the informa Part E and the Appendix need no		uiu any material	changes from the	anomation previo	usiy supplied ili rafts A	. ан ч В .
	1					
Filing Fee: There is no federal i	illing fee.					
State:						

ATTENTION

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriatestates in accordance with state law. The Appendix to

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

the notice constitutes a part of this notice and must be completed.

	· ·	A. BASIC IDENTIFICA	TION DATA		
 Each promoter of the is Each beneficial owner I securities of the issuer; Each executive officer 	suer, if the issuer having the power to and director of cor	as been organized within to vote or dispose, or direct porate issues and of corpo	the vote or disposition o		
 Each general and mana 	ging partner of par	tnership issuers.			
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner			General and/or Managing Partner
Full Name (Last name first, if inc	lividual)				
Plachn Martin	1				
Business or Residence Address	: (Numb	er and Street, City, State, 2	Zip Code)		<u> </u>
o/o Bungee Lake Inc. 625 Fact 1	Fechnology Ave. S	Suite B23 Orem 1İT 8400	7		+
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	☐ General and/or
	· · · · · · · · · · · · · · · · · · ·	•			Managing Partner
Full Name (Last name first, if ind	lividual)				'
Mitchell, David	1				<u> </u>
Business or Residence Address	· (Numb	er and Street, City, State, 2	(ip Code)		
		n /, pag a	. =		
				⊠ Director	General and/or.
Check Box(es) that Apply.	Tomoter	_ Beneficial Owner		a birector	Managing Partner
Full Name (Last name first, if inc	lividual)				4
Tyrrell, Mike					-
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)		
c/o Venrock Associates, 55 Camb	oridge Parkway, Su	ite 100, Cambridge, MA (02142		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if inc	lividual)				
Beir Jeffrey			3		
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)		-
c/o North Bridge Venture Partner	rs: 950 Winter Stre	et. Suite 4600. Walham. N	4A 02451-1454		+
Check Box(es) that Apply:	Promoter	□ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	lividual)				(
North Bridge Venture Partners V	-A, L.P.				!
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)		
950 Winter Street, Suite 4600, W	altham, MA 0245	1-1454			1
Check Box(es) that Apply:	☐ Promoter	□ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if inc	lividual)	,			
North Bridge Venture Partners V	-B, L.P.	•			
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)		
950 Winter Street, Suite 4600, W	altham, MA 0245	1-1454			
Check Box(es) that Apply:	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or
Full Name (Last name first, if inc	lividual)				Managing Partner
Venrock Associates IV, L.P.	•		-	•	
Each executive officer and director of corporate issues and of corporate general and managing partners of partnership issuers. Check Box(es) that Apply: □ Promoter ❷ Beneficial Owner ❷ Executive Officer ❷ Director □ General and/or, Managing Partner Full Name (Last name first, if individual) Plachn, Martin Business or Residence Address (Number and Street, City, State, Zip Code) ¿O Bungee Labs, Inc., 625 East Technology Ave., Suite B23, Orem, UT 84097 Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer ❷ Director □ General and/or, Managing Partner Full Name (Last name first, if individual) Michell, David Business or Residence Address (Number and Street, City, State, Zip Code) ¿O Bungee Labs, Inc., 625 East Technology Ave., Suite B23, Orem, UT 84097 Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer ❷ Director □ General and/or, Managing Partner Full Name (Last name first, if individual) Tyrrell, Mike Business or Residence Address (Number and Street, City, State, Zip Code) ⟨O Venrock Associates, 55 Cambridge Parkway, Suite 100, Cambridge, MA 02142 Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer ❷ Director □ General and/or, Managing Partner Full Name (Last name first, if individual) Beir, Jeffrey Absolutes of Residence Address (Number and Street, City, State, Zip Code) ⟨O North Bridge Venture Partners, 950 Winter Street, Suite 4600, Waltham, MA 02451-1454 Check Box(es) that Apply: □ Promoter ❷ Beneficial Owner □ Executive Officer □ Director □ General and/or, Managing Partner Full Name (Last name first, if individual) North Bridge Venture Partners ∨-A, L. P. Business or Residence Address (Number and Street, City, State, Zip Code) 950 Winter Street, Suite 4600, Waltham, MA 02451-1454 Check Box(es) that Apply: □ Promoter ❷ Beneficial Owner □ Executive Officer □ Director □ General and/or, Managing Partner Full Name (Last name first, if individual) North Bridge Venture Partners ∨-A, L. P. Business or Residence Add					
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	16 4 6 11	A. BASIC IDENTIFICA	TION DATA	_	
 Each beneficial owner l securities of the issuer; 	suer, if the issuer having the power to	nas been organized within to vote or dispose, or direct	the vote or disposition o		
Each executive officer a	and director of cor	porate issuers and of corpo	rate general and managir	g partners of pa	rtnership issuers; and
• Each general and mana Check Box(es) that Apply:	ging partner of par	thership issuers. ☑ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	lividual)	···			1
Wasatch Venture Fund III, LLC	,	. •			
Business or Residence Address		er and Street, City, State, 2	Lip Code)		<u> </u>
15 West South Temple Street, Su	ite 520, Salt Lake	City, UT 84101	,		;
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	liyidual)				
Mitchell, Dale	·				
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)		
c/o Bungee Labs, Inc., 625 East T					
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or _l Managing Partner
Full Name (Last name first, if inc	lividual)				;
Business or Residence Address	(Numb	er and Street, City, State, 2	Lip Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or, Managing Partner
Full Name (Last name first, if inc	lividual)				
Business or Residence Address	, (Numb	er and Street, City, State, 2	Zip Code)		
Check Box(es) that Apply:	Promoter	. ☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if inc	lividual)		******		
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Business or Residence Address	(Numb	er and Street, City, State, 2	Cip Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if inc	lividual)			·-	
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Business or Residence Address	, (Numb	er and Street, City, State, 2	Lip Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if inc	lividual)				
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)		1
	(1.441110		r/		

	<u> </u>			B. INF	ORMATIC	N ABOU	r offeri	NG				1
1. Has the is	suer sold o	r does the is	suer inten	d to sell to	non accredi	ited investo	re in this of	ffering?				No
1. mas uic is	suci solu, o	i does the is								**********	ч ,	
		'	Ans	wer also in	Appendix,	Column 2,	if filing un	der ULOE.				1
2. What is th				be accepted	l from any i	ndividual?.				*********	\$_*	<u> </u>
*Subject to the												No
3. Does the	offering per	mit joint ow	nership of	f a single ur	nit?							፟
4. Enter the remuneration agent of a bropersons to be Full Name (L	for solicita oker or deal listed are a	ntion of pure ler registered issociated po	hasers in o d with the ersons of s	connection v SEC and/or	with sales o with a stat	f securities e or states,	in the offer	ring. Íf a po ne of the bro	erson to be oker or dea	listed is an ler. If mos	n associate re than fiv	ed person or re (5)
run Name (L	ast name n	ist, it mary	uuai)				-					"
During on I	Niitalii A	: dd==== (01/2)		Stance City	Ctota 7ia	Co.do)						
Business or F	Residence A	iun) eestaar	mber and s	street, City,	, State, Zip	Code)			÷ '	ι,		
Name of Ass	ociated Bro	ker or Deal	er									,
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[MT]	NE	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	(PA)
(RI)	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	(VA)	[WA]	[WV]	[WI]	[WY]	[PR]
Business or F	Residence A	Address (Nu	mber and S	Street, City,	, State, Zip	Code)	 					
Name of Ass	ociated Bro	ker or Deal	er									1
												1
States in Wh		Listed Has S or check inc										All States
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[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[M]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[KN]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	(VT)	[VA]	(WA)	(WV)	[WI]	[WY]	ren Pri
Full Name (L		···		[177]	[01]	[,,,	[, , , ,	[,,,,,]	[1, 7]	[,,,]	[" +]	
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pusiness of r	Cesidence A	radiess (ivai	moet and s	succi, Cny,	, State, Zip	Code)						
Name of Ass	aniated Dea	less on Dool										
Name of Ass	ociated Bro	ker or Dean	er									
States in Wh	ich Derson	Listed Line C	Colicited o	r Intende to	Solicit De-	chacero						
		or check inc] All States
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[MT]	[NE]	[NV] .	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

and a	lready exchanged.	n the columns below the amounts of the securities offered for	CACHAIIge			
				Aggregate	Amount A	
Т	ype of Security	2		Offering Price	: So	ld
D	ebt	į		\$	\$	
Е	quity			\$	\$	
		. □ Common ⊠ Preferred				
				67 000 000 4	o 6 7.000	
		luding warrants)Series B Preferred Shares				
	•					
О		·)				
	Total	·;····································		\$7,000,000.4	<u>0</u> \$7,000	<u>,000.</u>
	Ansv	er also in Appendix, Column 3, if filing under ULOE:				
offeri the nu	ng and the aggregate dol umber of persons who ha	land non-accredited investors who have purchased securities in a amounts of their purchases. For offerings under Rule 504, in the purchased securities and the aggregate dollar amount of the answer is "none" or "æro."	ndicate	Number Investors	Dollar	gregate Amou rchase
Α	ccredited Investors			6	\$ <u>7,000</u>	,000.4
N	Ion-accredited Investors				\$	
					•	
	` •	er Rule 504 only)			. s	
	Ansv	er also in Appendix, Column 4, if filing under ULOE.				
sold t	s filing is for an offering by the issuer, to date, in	er also in Appendix, Column 4, if filing under ULOE. under Rule 504 or 505, enter the information requested for all serions of the types indicated, the twelve (12) months prior this offering. Classify securities by type listed in Part C- Questions.			N/A	
sold to	s filing is for an offering by the issuer, to date, in	inder Rule 504 or 505, enter the information requested for all s fferings of the types indicated, the twelve (12) months prior		Type of	Dollar	Amo
sold b to the	s filing is for an offering by the issuer, to date, in a first sale of securities in type of offering	inder Rule 504 or 505, enter the information requested for all s fferings of the types indicated, the twelve (12) months prior	stion 1.		Dollar So	ld
sold to the	s filing is for an offering by the issuer, to date, in a first sale of securities in ype of offering tule 505	inder Rule 504 or 505, enter the information requested for all streings of the types indicated, the twelve (12) months prior this offering. Classify securities by type listed in Part C- Ques	stion 1.	Type of Security	Dollar So	old
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sold to the TRR RRR RRR RRR SRR TRRR TRRR RRR RRR R	s filing is for an offering by the issuer, to date, in a first sale of securities in Type of offering sule 505 Cegulation A Total	inder Rule 504 or 505, enter the information requested for all a ferings of the types indicated, the twelve (12) months prior this offering. Classify securities by type listed in Part C- Ques	e he issuer.	Type of Security	Dollar So S	ld
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sold to the TR RR RR RR St. TR IS	s filing is for an offering by the issuer, to date, in a first sale of securities in Type of offering sule 505 Regulation A Total To	inder Rule 504 or 505, enter the information requested for all afferings of the types indicated, the twelve (12) months prior this offering. Classify securities by type listed in Part C- Questing Securities	e he issuer.	Type of Security	Dollar So \$ \$ \$ \$ \$ \$	old
sold to the TR R R R T I I I I I I I I I I I I I I	s filing is for an offering by the issuer, to date, in a first sale of securities in the sale countries in this offering. The information may be a sale information may be a s	Inder Rule 504 or 505, enter the information requested for all a flerings of the types indicated, the twelve (12) months prior this offering. Classify securities by type listed in Part C- Questage of the part C- Questage o	e he issuer.	Type of Security	Dollar So \$ \$ \$ \$ \$	old
sold to the T R R R R T T L	s filing is for an offering by the issuer, to date, in a first sale of securities in type of offering dule 505	Inder Rule 504 or 505, enter the information requested for all a ferings of the types indicated, the twelve (12) months prior this offering. Classify securities by type listed in Part C- Questing securities	tion 1.	Type of Security	Dollar So \$	00,00
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C. OFFERING PRICE, NUMBER OF I	NVESTORS, EXPENSES AND USE OF P	ROCE	EDS]	
b. Enter the difference between the aggregate offering prolated total expenses furnished in response to Part C - C adjusted gross proceeds to the issuer."	uestion 4.a. This difference is the				s 6 , 95	<u>0.</u> 000.40
 Indicate below the amount of the adjusted gross proceeds used for each of the purposes shown. If the amount for ar estimate and check the box to the left of the estimate. The the adjusted gross proceeds to the issuer set forth in respon 	y purpose is not known, furnish an total of the payments listed must equal				1	
		P	ayments to Officers, & Directors, &	:		
Payments To			Affiliates			
Others						
Salaries and fees						1
Purchase of real estate						_
Purchase, rental or leasing and installation of machine	ry and equipment					<u> </u>
Construction or leasing of plant buildings and facilities	3	D \$			s	<u> </u> .
Acquisition of other businesses (including the value o offering that may be used in exchange for the assets o	r securities of mother	_ •				
issuer pursuant to a merger)						<u> </u>
Repayment of indebtedness						<u> </u>
- · · · · · · · · · · · · · · · · · · ·						i
Other (specify):		U 3.		u	3	!
		- ·		_	•	
Column Totals		-				0,000.40
Total Payments Listed (Column totals added)	-		⊠ \$_ ⁽	5,9	<u>50,</u> 00	00.40
D. FEDE	RAL SIGNATURE		 		_	
The issuer has duly caused this notice to be signed by the und the following signature constitutes an undertaking by the is written request of its staff, the information furnished by the Rule 502.	ssuer to furnish to the U.S. Securities and Exc	hange (Commission,	upoi	י נ	
Ssuer (Print or Type) Signature Bungee Labs, Inc.	ARD.	D	nte 	7-	06	
Name of Signer (Print or Type) Title of Sign	ner (Print ox Type)					
Martin Plachn Chief Execu	tive Officer					

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	E. STATE SIGNATURE
1	7 CFR 230.262 presently subject to any of the disqualification provisions
r. Is any party described in i Yes	No
of such rule?	
	8
1	See Appendix, Column 5, for state response.
	eby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on) at such times as required by state law.
1	eby undertakes to furnish to the state administrators, upon written request, information furnished by the
limited Offering Exemptivallability of this exemption has the	resents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform in (ULOE) of the state in which this notice is filed and understands that the issuer claiming the burden of establishing that these conditions have been satisfied. N/A
The issuer has read this notifice undersigned duly authorized p	ation and knows the contents to be true and has duly caused this notice to be signed on its behalf by the erson.
ssuer (Print or Type)	Signature // Date
Bungee Labs, Inc.	M. St () 11-7-06
lame of Signer (Print or Type	Title of Figner (Print or Type)
fartin Plachn	Chief Executive Officer
;	
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APPENDIX

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	to non-	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)		Type of investor and amount purchased in State		under Sta (if yes explan: waiver (Part E	ification to ULOE attach is attach is attach is attach is granted). Item 1).
State	Yes	No	!	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL	1.55								
- AK			 :	,					
AZ		,	;						
AR			:						
CA			i						1
СО			i						:
CT			:						i
DE			1						i
DC			ı						
FL			i				:		
GA									
HI			i						i
ID			i			-			į
IL			,						
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ΙA			•						
. KS			ì				-		
KY			; •						
LA			į						
ME			!						
MD			i						
МА		X	\$7,000,000.40	2	\$3,049,080.39	0	0		
МІ			:						
MN	ř		t !						,
MS									
МО									

APPENDIX

I	Inten-	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C Item I)	Type of investor and amount purchased in State (Part C-Item 2)			Disquali under Sta (if yes, explant waiver g	attach ation of l granted)	
State	Yes	No	5 1 1 2 2	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No No
MT			i						<u> </u>
NE									
NV			i					•	
NH			1						
NJ			†						
NM									
NY	::	Х	\$7,000,000.40	3	\$3,049,080.39	0	0		
NC			i						
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ОН	:		:						
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OR			1						
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SD			1			· ·			
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UT		x `	\$7,000,000.40	i	\$901,839.62	0	0		,
VT									
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WA			1						'
wv	'		l						
WI			i						
WY			1				-		
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